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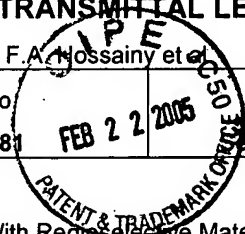
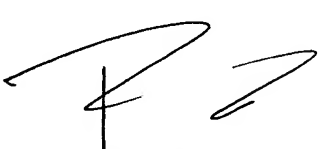
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/668,781
		Filing Date	September 22, 2003
		First Named Inventor	Syed F.A. Hossainy
		Group Art Unit	3731
		Examiner Name	Uyen T. Ho
Total Number of Pages in This Submission	17	Attorney Docket Number	50623.333

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) Formal ___ Sheets with Submission of Formal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Paul J. Meyer, Jr., Reg. No. 47,791
Signature	
Date	February 22, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: February 22, 2005			
Typed or printed name	Rebecca M. Klits		
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>50623.333</b>	
Applicant(s): Syed F. A. Hossainy et al.					
Serial No. <b>10/668,781</b>		Filing Date <b>September 22, 2003</b>	Examiner <b>Uyen T. Ho</b>	Group Art Unit <b>3731</b>	
Invention: Composite Stent With Regressive Material And A Method Of Forming The Same					
<b>TO THE COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as show below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	33	32	1	X \$50.00	\$50.00
INDEP. CLAIMS	9	9	0	X \$200.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$50.00</b>
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <b>07-1850</b> in the amount of <b>\$50.00</b> A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. <b>07-1850</b> A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.					
Dated: February 22, 2005 Squire, Sanders & Dempsey L.L.P. 1 Maritime Plaza, Suite 300 San Francisco, CA 94111 (415) 954-0200  cc: Docket:			 _____ Paul J. Meyer, Jr. Reg. No. 47,791		